

**Rec'd PCT/PTC 9 AUG 2005**

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	10/516,837
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	Robert Paul Anderson
<b>Title</b>	Therapeutic Epitopes and Uses Thereof
<b>Art Unit</b>	To Be Determined
<b>Examiner Name</b>	To Be Determined
<b>Attorney Docket Number</b>	BTG0008-101

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

34141

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number

OR

 The address associated with Customer Number:

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>T. Hockaday</i>	Date	27 June 2005
Name	T. Hockaday	Telephone	
Title and Company	Executive Director		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	BTG0008-101
First Named Inventor	Robert Paul Anderson
COMPLETE IF KNOWN	
Application Number	10/516,837
Filing Date	June 5, 2003 (Int'l Filing Date)
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**THERAPEUTIC EPITOPES AND USES THEREOF**

the specification of which

(Title of the Invention)

is attached hereto

OR

was internationally filed on  
(MM/DD/YYYY)

06/05/2003

as United States Application Number or PCT International

Application Number

10/516,837

and was amended on (MM/DD/YYYY) 12/03/2004 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
PCT/GB03/02450 0212885.8	PCT GB	05 June 2003 05 June 2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/01 (08-03)

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number		34141	<input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	ZIP	
Country	Telephone	Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Robert Paul</u> (first and middle [if any])		Family Name <u>Anderson</u> or Surname	
Inventor's Signature <u>Robert Anderson</u>		Date <u>1 April 2005</u>	
Residence: City <u>Parkville</u>	State <u>Victoria</u>	Country <u>Australia</u>	Citizenship <u>Great Britain</u>
Mailing Address Autoimmunity and Transplantation Division; c/o Royal Melbourne Hospital PO; Grattan Street			
City <u>Parkville</u>	State <u>Victoria</u>	Zip <u>3050</u>	Country <u>Australia</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Adrian Vivian Sinton</u> (first and middle [if any])		Family Name <u>Hill</u> or Surname	
Inventor's Signature <u>Adrian Sinton</u>		Date	
Residence: City <u>Oxford</u>	State	Country <u>Great Britain</u>	Citizenship <u>Ireland</u>
Mailing Address Wellcome Trust Centre for Human Genetics; University of Oxford; Roosevelt Drive			
City <u>Oxford</u>	State <u>England</u>	Zip <u>OX3 7BN</u>	Country <u>Great Britain</u>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the one supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

PTO/SB/02A (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 3 of 3

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Derek Parry		Jewell	
Inventor's Signature		Date	
Residence: City	Oxford	State	Country Great Britain
Mailing Address Gastroenterology Unit; Gibson Building; Radcliffe Infirmary; Woodstock Road			
Mailing Address			
City Oxford	State	ZIP OX2 6HE	Country Great Britain
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	BTG0008-101
First Named Inventor	Robert Paul Anderson
COMPLETE IF KNOWN	
Application Number	10/516,837
Filing Date	June 5, 2003 (Int'l Filing Date)
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**THERAPEUTIC EPITOPES AND USES THEREOF**

the specification of which (Title of the Invention)

is attached hereto

OR

was internationally filed on (MM/DD/YYYY) **06/05/2003** as United States Application Number or PCT International

Application Number **10/516,837** and was amended on (MM/DD/YYYY) **12/03/2004** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
PCT/GB03/02450 0212885.8	PCT GB	05 June 2003 05 June 2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (08-03)

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number 34141 OR  Correspondence address below

Name \_\_\_\_\_

Address \_\_\_\_\_

City	State	ZIP
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Country	Telephone	Fax
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Robert Paul	Family Name or Surname	Anderson
---	-------------	---------------------------	----------

Inventor's Signature	Date
-------------------------	------

Residence: City Parkville	State Victoria	Country Australia	Citizenship Great Britain
------------------------------	-------------------	----------------------	------------------------------

Mailing Address  
Autoimmunity and Transplantation Division; c/o Royal Melbourne Hospital PO; Grattan Street

City Parkville	State Victoria	Zip 3050	Country Australia
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Adrian Vivian Sinton	Family Name or Surname	Hill
---	----------------------	---------------------------	------

Inventor's Signature	Date
-------------------------	------

Residence: City Oxford	State	Country Great Britain	Citizenship Ireland
---------------------------	-------	--------------------------	------------------------

Mailing Address  
Wellcome Trust Centre for Human Genetics; University of Oxford; Roosevelt Drive

City Oxford	State England	Zip OX3 7BN	Country Great Britain
----------------	------------------	----------------	--------------------------

Additional inventors or a legal representative are being named on the one supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

PTO/SB/02A (09-04)

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 3 of 3

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Derek Parry			Jewell			
Inventor's Signature				Date		
Residence: City	Oxford	State	Country	Great Britain	Citizenship	Great Britain
Mailing Address	Gastroenterology Unit; Gibson Building; Radcliffe Infirmary; Woodstock Road					
Mailing Address						
City	Oxford	State	ZIP	OX2 6HE	Country	Great Britain
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Inventor's Signature				Date		
Residence: City		State	Country	Citizenship		
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Mailing Address						
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Mailing Address						
Mailing Address						
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PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted OR  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	BTG0008-101
First Named Inventor	Robert Paul Anderson
COMPLETE IF KNOWN	
Application Number	10/516,837
Filing Date	June 5, 2003 (Int'l Filing Date)
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

I hereby declare that:

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I believe the Inventor(s) named below to be the original and first Inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**THERAPEUTIC EPITOPES AND USES THEREOF**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was internationally filed on 06/05/2003 as United States Application Number or PCT International (MM/DD/YYYY)

Application Number 10/516,837 and was amended on (MM/DD/YYYY) 12/03/2004 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
PCT/GB03/02450 0212885.8	PCT GB	05 June 2003 05 June 2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

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[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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Name <input type="text"/>			
Address <input type="text"/>			
City	State	ZIP	
Country		Telephone	Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/>		A petition has been filed for this unsigned inventor	
Given Name Robert Paul (first and middle [if any])		Family Name Anderson or Surname	
Inventor's Signature 		Date 	
Residence: City Parkville	State Victoria	Country Australia	Citizenship Great Britain
Mailing Address Autoimmunity and Transplantation Division; c/o Royal Melbourne Hospital PO; Grattan Street			
City Parkville	State Victoria	Zip 3050	Country Australia
NAME OF SECOND INVENTOR: <input type="checkbox"/>		A petition has been filed for this unsigned inventor	
Given Name Adrian Vivian Sinton (first and middle [if any])		Family Name Hill or Surname	
Inventor's Signature 		Date 	
Residence: City Oxford	State England	Country Great Britain	Citizenship Ireland
Mailing Address Wellcome Trust Centre for Human Genetics; University of Oxford; Roosevelt Drive			
City Oxford	State England	Zip OX3 7BN	Country Great Britain
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the one supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

PTO/SB/02A (09-04)

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 3 of 3

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Derek Parry		Jewell	
Inventor's Signature			Date 4th JULY 2005
Residence: City Oxford	State	Country Great Britain	Citizenship Great Britain
Mailing Address	Gastroenterology Unit; Gibson Building; Radcliffe Infirmary; Woodstock Road		
Mailing Address			
City Oxford	State	ZIP OX2 6HE	Country Great Britain
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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